Magar E. Magar
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Vancouver WA. 98682
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calsport@msn.com

Susan Poulsom, PE
US EPA, Region 10
1200 6th Ave, Suite 900, OWW-130
Seattle, WA 98101-1128

January 15, 2013

Dear Ms. Poulsom,

I am writing to confirm our phone conversation of today in which you informed me that a permit writer has not been assigned to the Syringa MHP permit (#ID0028495) due to workload issues at the EPA. Also, that we will be talking again in two weeks time to discuss any further progress.

For your information, discharge is typically only necessary once per year, during periods of hich water flow, which typically ends in early April. In the case of discharge, the volume of water would be approximately 157,000lbs (~19,000 gallons), and would be disinfected with 2-5ppm chlorine.

Thank you for your attention in this matter.

Sincerely,

Magar E. Magar

Anatek Labs, Inc.

1282 Alturas Drive • Moscow, ID 83843 • (208) 883-2839 • Fax (208) 882-9246 • email moscow@anateklabs.com
504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

Client:	SYRINGA MHP	**Batch #:**	120507041
Address:	4600 ROBINSON PARK ROAD #138 MOSCOW, ID 83843	**Project Name:**	WASTEWATER
Attn:	MARVIN MEAD		

Analytical Results Report

Sample Number	120507041-001	**Sampling Date**	5/7/2012	**Date/Time Received**	5/7/2012 12:42 PM
Client Sample ID	CATCH BASIN	**Sampling Time**	11:30 AM		
Matrix	Water				
Comments					

Parameter	Result	Units	PQL	Analysis Date	Analyst	Method	Qualifier
BOD	3.60	mg/L	2	5/13/2012	JLU	SM5210B	
TSS	3	mg/L	1	5/14/2012	JLU	SM 2540D	

Authorized Signature

John Coddington, Lab Manager

MCL EPA's Maximum Contaminant Level
ND Not Detected
PQL Practical Quantitation Limit

This report shall not be reproduced except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Note: Catch basin is point where disinfection occurs prior to discharge

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; CO:ID00013; FL(NELAP):E87893; ID:ID00013; IN:C-ID-01; KY:90142; MT:CERT0028; NM: ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095

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Client:	SYRINGA MHP	**Batch #:**	120409020
Address:	4600 ROBINSON PARK ROAD #138 MOSCOW, ID 83843	**Project Name:**	WASTEWATER
Attn:	MIKE PEARSON		

Analytical Results Report

Sample Number	120409020-001	**Sampling Date**	4/9/2012	**Date/Time Received**	4/9/2012 1:37 PM
Client Sample ID	LAGOON	**Sampling Time**	12:00 PM		
Matrix	Water	**Sample Location**			
Comments					

Parameter	Result	Units	PQL	Analysis Date	Analyst	Method	Qualifier
E. Coli	33.1	MPN/100mL	1	4/10/2012	CRW	SM9223B	
BOD	5.34	mg/L	2	4/15/2012	JLU	SM5210B	
TSS	9	mg/L	1	4/10/2012	JLU	SM 2540D	

Authorized Signature

John Coddington, Lab Manager

MCL EPA's Maximum Contaminant Level
ND Not Detected
PQL Practical Quantitation Limit

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

nm

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Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095

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A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate _____ mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate				mgd
c. Maximum daily flow rate				mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100.00 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	1
ii. Discharges of untreated or partially treated effluent	
iii. Combined sewer overflow points	
iv. Constructed emergency overflows (prior to the headworks)	
v. Other _____	

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ✓ Yes _____ No

If yes, provide the following for each surface impoundment:

Location: 4600 Robinson Park Rd, Moscow, ID 83843

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or ✓ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

FACILITY NAME AND PERMIT NUMBER:
Syringa MHP #ID0028495

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 1

b. Location:
Moscow (City or town, if applicable) — 83843 (Zip Code)
Latah (County) — ID (State)
46.74 (Latitude) — -116.94 (Longitude)

c. Distance from shore (if applicable): _____ ft.

d. Depth below surface (if applicable): _____ ft.

e. Average daily flow rate: N/A mgd

f. Does this outfall have either an intermittent or a periodic discharge? ✓ Yes _____ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: <1

Average duration of each discharge: < 2 hrs

Average flow per discharge: < .1 mgd

Months in which discharge occurs: Feb-Apr

g. Is outfall equipped with a diffuser? _____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water: South Fork Palouse River

b. Name of watershed (if known): Palouse River

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): Paradise Creek, Palouse River Tributaries, & Cow Creek

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 17060108

d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:
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A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

_____ Primary ✓ Secondary

_____ Advanced ✓ Other. Describe: Chlorinated Catch Basin

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	_____	% DESIGN ENGINEER DID NOT SPECIFY FIGURES
Design SS removal	_____	%
Design P removal	_____	%
Design N removal	_____	%
Other _____	_____	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorine

If disinfection is by chlorination, is dechlorination used for this outfall? _____ Yes ✓ No

d. Does the treatment plant have post aeration? _____ Yes ✓ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 1

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.70	s.u.			
pH (Maximum)	7.70	s.u.			
Flow Rate	< .1	mgd	N/A		
Temperature (Winter)	4.00	celsius	N/A		
Temperature (Summer)	14.00	celsius	N/A		

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	4.30	mg/L	N/A			SM5210B	
	CBOD-5			N/A				
FECAL COLIFORM		< 1*	mpn/100ml	N/A			colilert-18	
TOTAL SUSPENDED SOLIDS (TSS)		4.50	mg/L	N/A			SM2540D	

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

* IF AND WHEN DISCHARGE OCCURS, AFTER DISINFECTION WITH 1 PART CHLORINE / MILLION

FACILITY NAME AND PERMIT NUMBER:
Syringa MHP #ID0028495

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

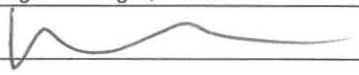
_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Magar E. Magar, Owner

Signature: 

Telephone number: (502) 929-1094

Date signed: Aug 10, 2012

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO: